

Name
in
Full

Leruia M. Armstrong

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Nov	Day 16	Years 17	Months 6	Days 5
Sex	Female	Color or Race	Bolland		Birth- place	Maryland
Occupation	House Work		Where Residing if not at place of death		near Whaleyville	
Married, Single or Widowed	Single	Name of Wife or Husband	None		Father's Birthplace	Maryland
Father's Name	John M Armstrong				Mother's Birthplace	Maryland
Mother's Maiden Name	Mary Davis				How related to deceased	Maryland
Name of person giving Information	Paynter Watson				How long	four weeks
CAUSES OF DEATH					1	How long
Primary						four weeks
Immediate	Syphilitic Fever					four weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

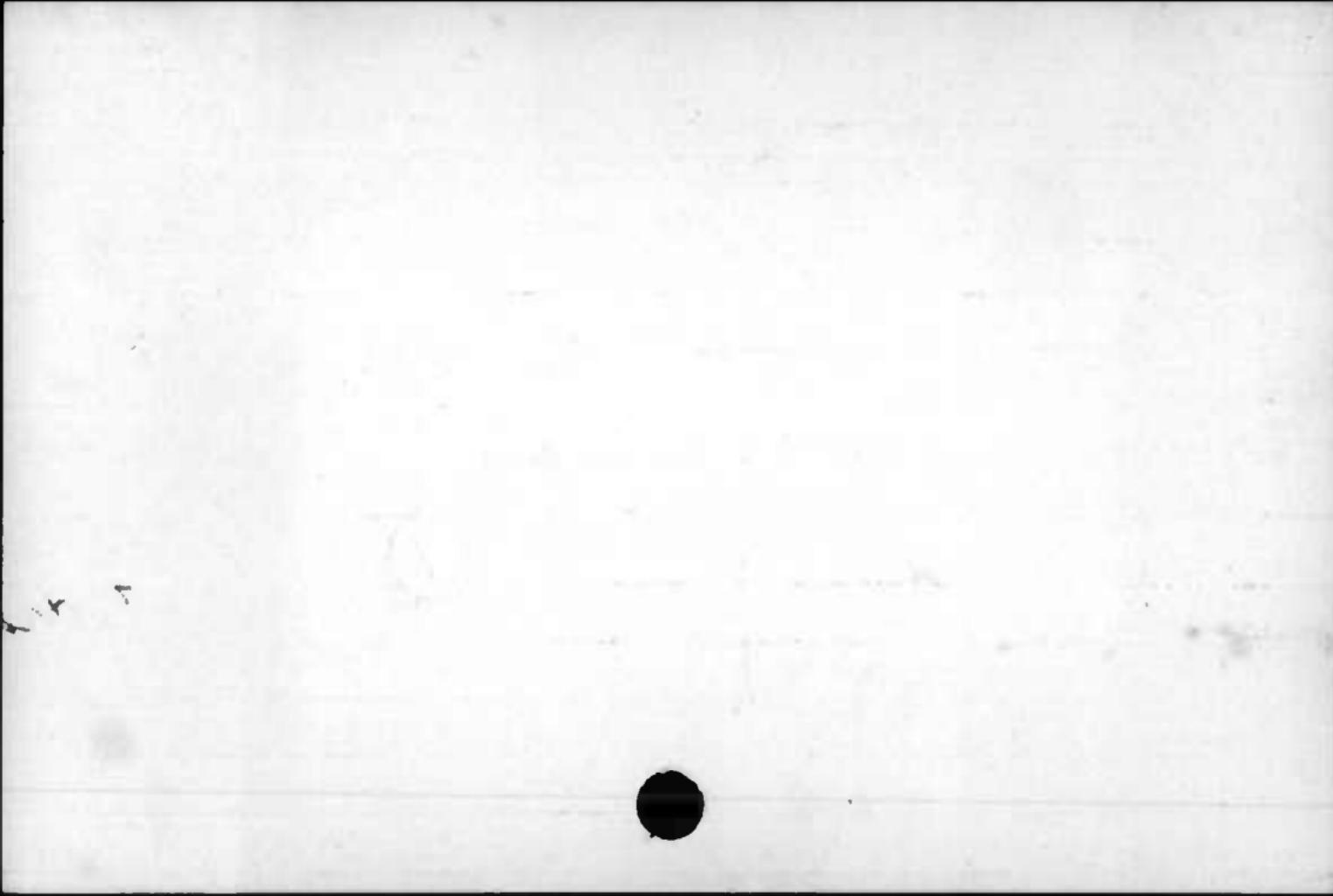
Address

R. P. Collins.

Baltimore.

Md.

Accident or Suicide?



Name
in
Full

Littleton B. Birch

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died <u>near Spence P.O.</u>		Town <u>Monocacy</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>20</u>	Age <u>79</u>	Years	Months <u>5</u>	Days <u>5</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Mon. Co. Md.</u>					
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rose Turner</u>						
Father's Name <u>Capt. James Birch</u>	Father's Birthplace <u>Mon. Co. Md.</u>						
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>" " "</u>						
Name of person giving information <u>Samuel Lefroy</u>	How related to deceased <u>None</u>						
CAUSES OF DEATH							
Primary <u>Cancer Stomach</u>	How long <u>40</u>						
Immediate <u>Exhaustion</u>	How long <u>8 mo</u>						

Are the name, age, sex, color, date and place correctly given above?

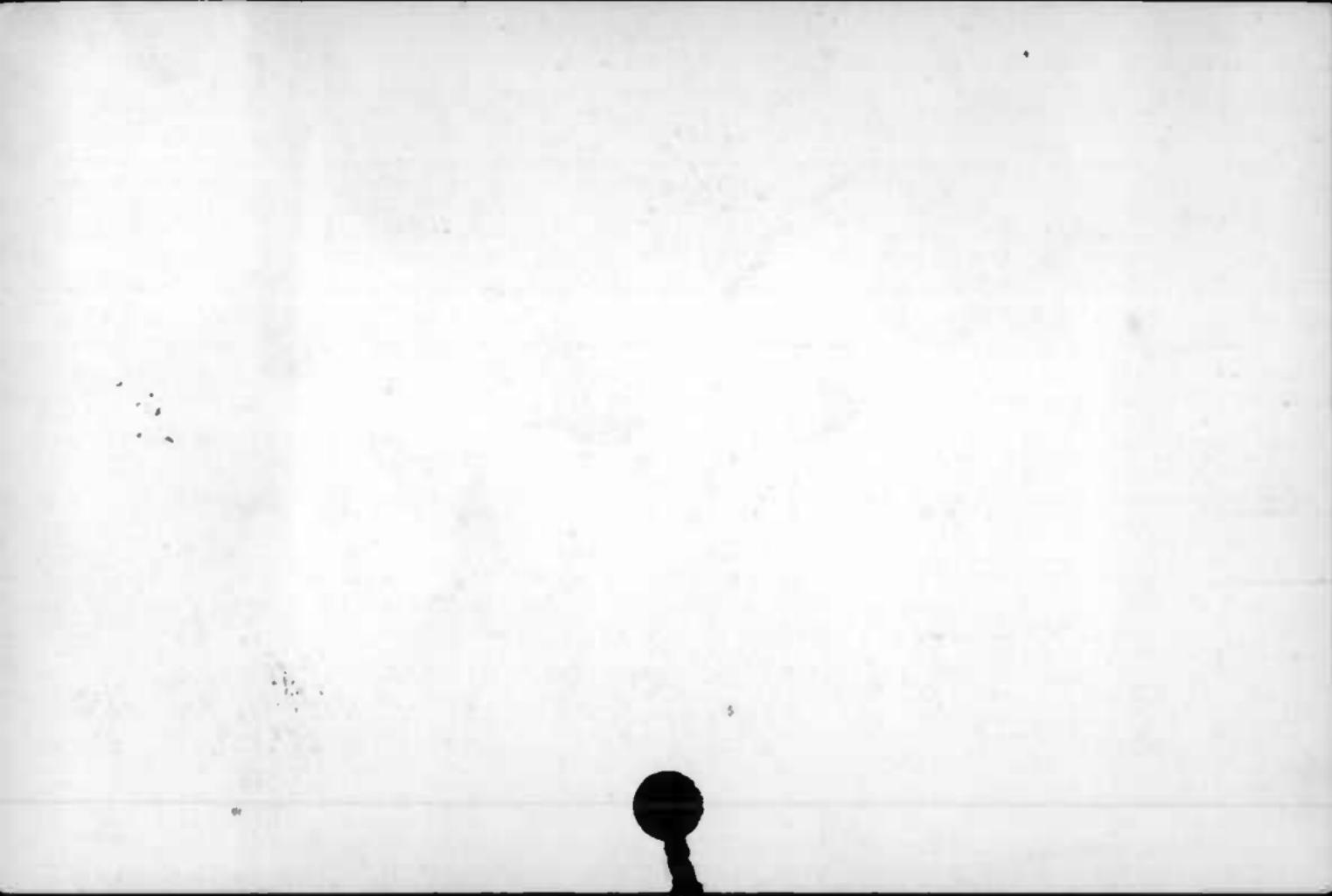
Yes

Signature of Physician

Address

Sam Jones
Snow Hill Md.

Accident or Suicide? —



Name
in
Full

Paul Bredder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Berlin	Town	County	MARYLAND		
Date of death 1907	11	Month	Day	Years	Months	Days
Sex	Male	Color or Race	106	Birth-place	Berlin	
Occupation	Farmer	Where Residing if not at place of death		Berlin	Berlin	
Married, Single or Widowed	Widower	Name of Wife or Husband	Unknown	Father's Birthplace	Berlin	
Father's Name	Jacob Bredder	Mother's Maiden Name	Nancy	Mother's Birthplace	Berlin	
Name of person giving information	E. Holand			How related to deceased	None	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary

Endoscepliosis

How long

Immediate

Peritonitis

How long

Are the name, age, sex, color, date and place correctly given above?

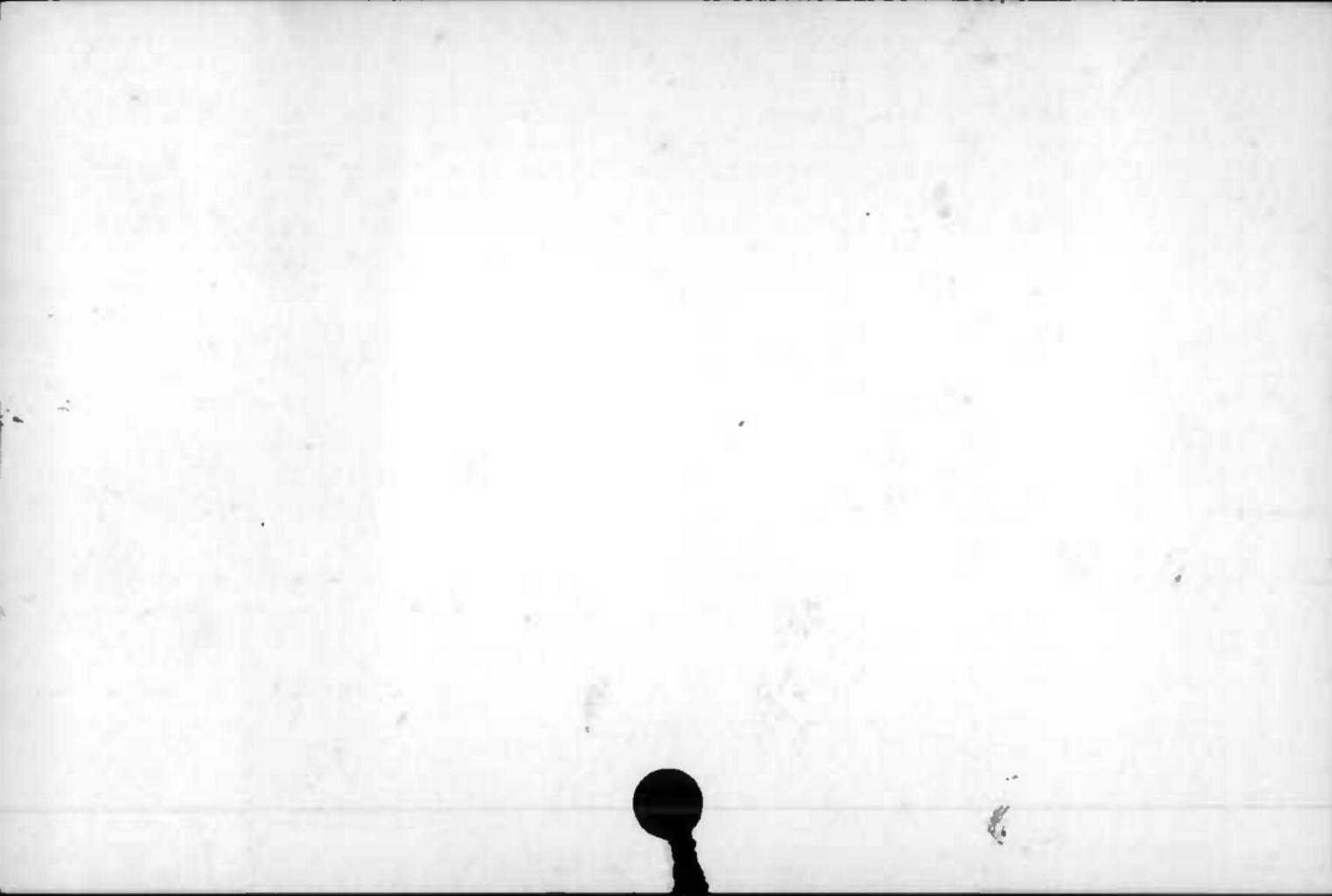
Signature of Physician

Address

pro

14 hours
Eve Holand
Berliner
m

Accident or Disease



Name
in
Full

Sarah Bridgell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

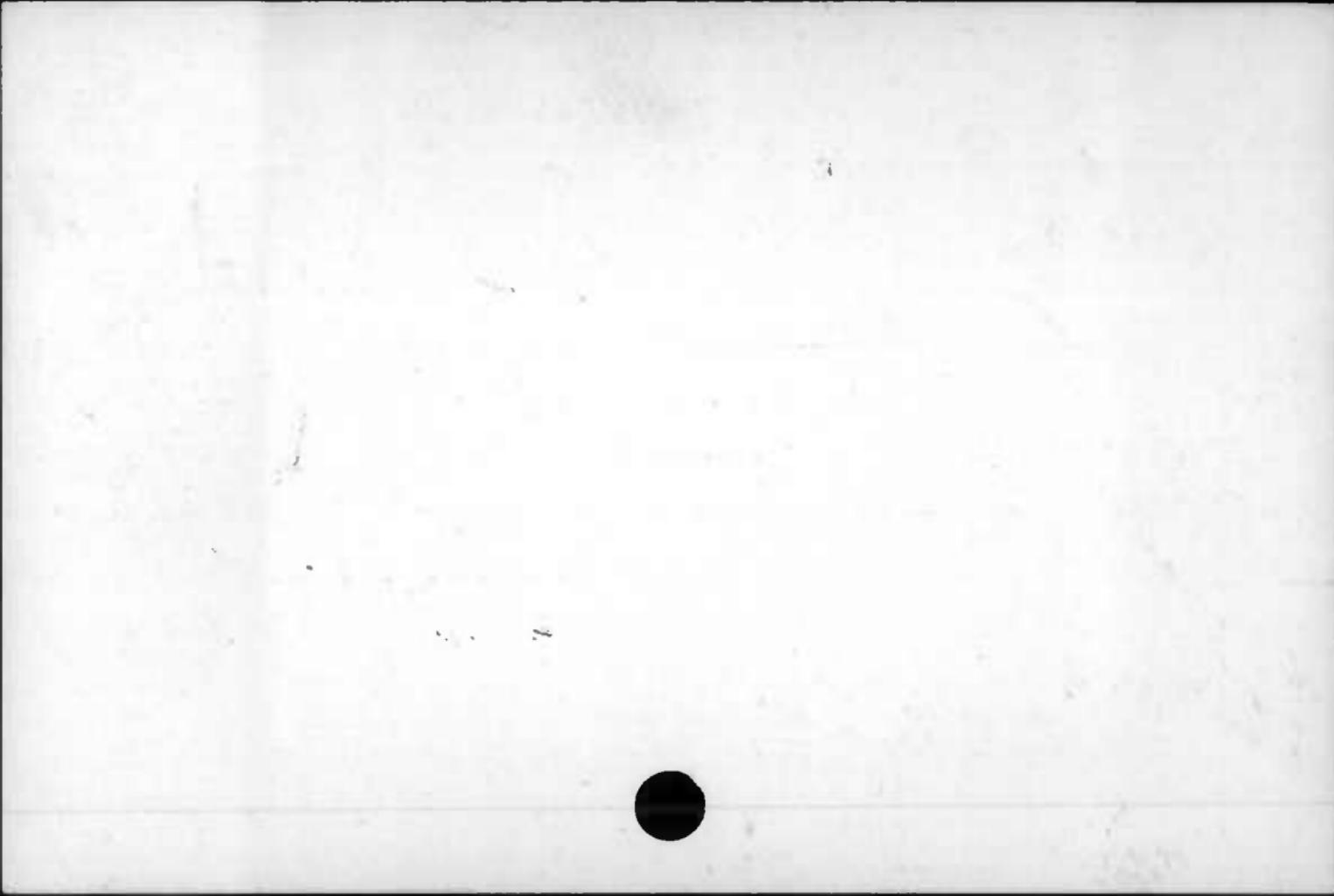
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1907	Month	Day	Years	Months	Days
Sex Female	Color or Race	Birth-place			
Occupation House keeper	Where residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband	Father's Birthplace			
Father's Name Dowd - Brown	Mother's Birthplace				
Mother's Maiden Name Dowd, Brown	How related to deceased				
Name of person giving information Jessica Hassett	None				

CAUSES OF DEATH

Primary	Volume decrease of Heart	6 mo
Immediate	Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

79
How long
Eber J. Tolland
Beder
Mad



Name
in
Full

Mary M. Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month 11	Day 17	Years 75	Months Days
Sex Female	Color or Race white	Birth-place Md		
Occupation Nurse	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband Mary Campbell			
Father's Name	John Adams			
Mother's Maiden Name	Elizabeth Adams			
Name of person giving information	Belle O. Adams			

CAUSES OF DEATH

154

How long

3 years

How long

1901

PHYSICIAN
OR CORONER

Primary

Senile decay

Immediate

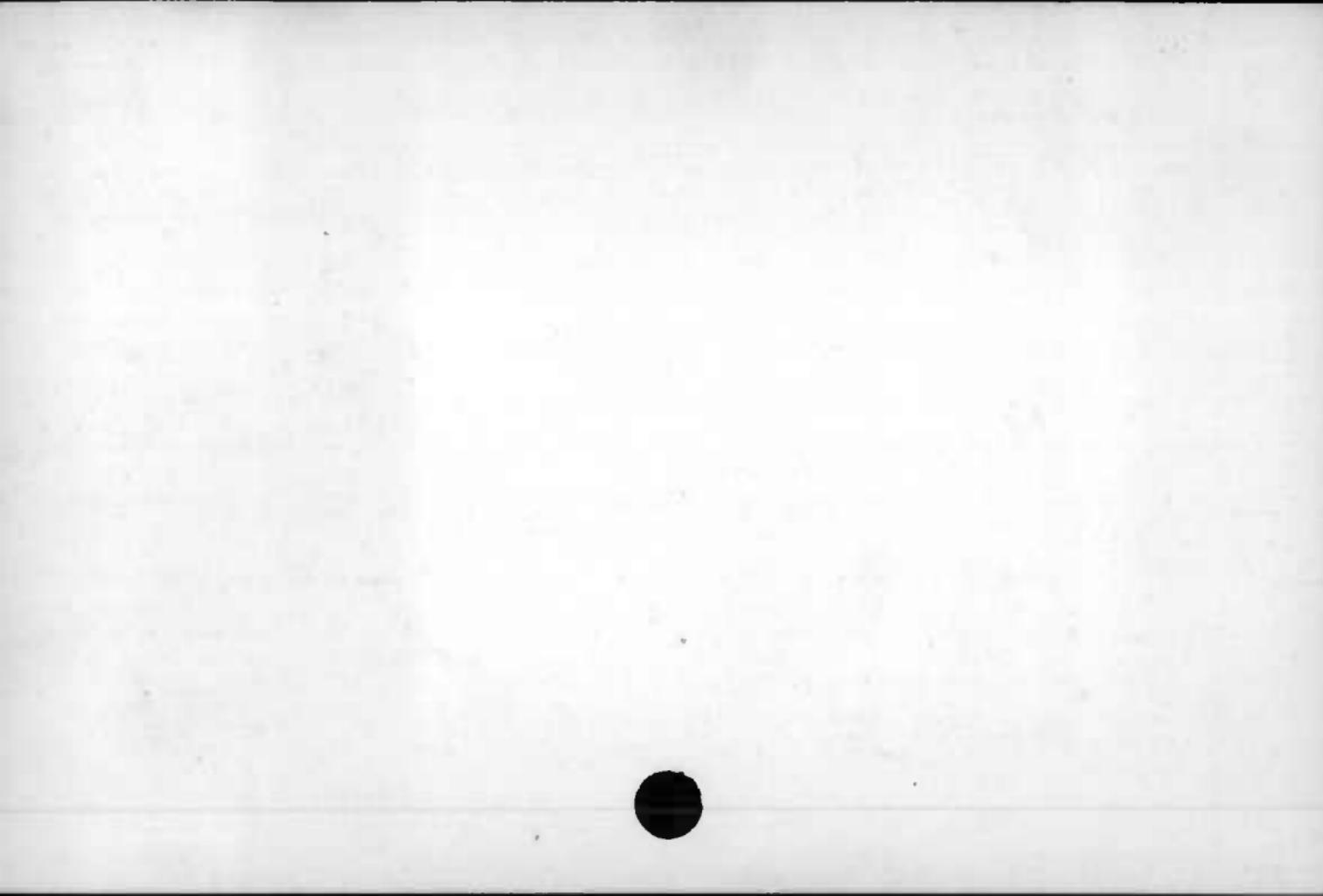
Effacement

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Sallie Laffair

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Berlin		Town	County Worcester		MARYLAND	
Date of death 1907	Month None	Day 11	Years 65	Age	Months	Days
Sex Female	Color or Race	Where Residing if not at place of death		Birth-place Maryland		
Occupation None	Name of Wife or Husband		Father's Name John Laffair			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace Maryland			
Father's Name	Name of Wife or Husband		Mother's Name Belsey Alke			
Mother's Maiden Name	Name of Wife or Husband		Mother's Birthplace Maryland			
Name of person giving information	Name of Wife or Husband		How related to deceased Sister			
John Laffair						

CAUSES OF DEATH

79

Mild desy of heart
Heart failure

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

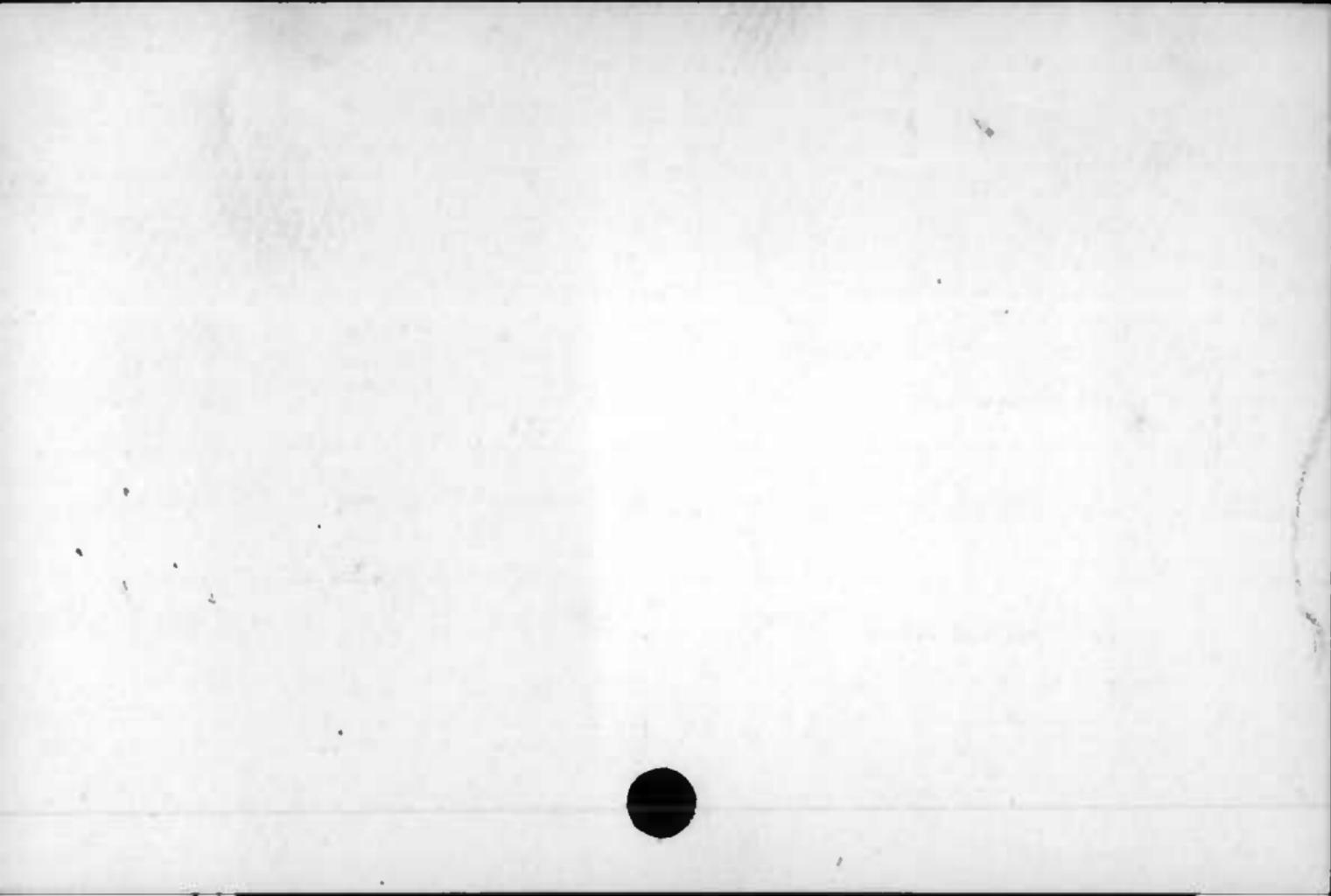
JS

Signature of Physician

Address

Eve Holland
Berlin

Accident or Suicide?



Name
in
Full

Fredrick Lyles Dashille
Paranthe

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month 11	Day 1	Years 1	Months 6	Days 1
Sex Male	Color or Race white	Birth-place Md.			
Occupation ✓	Where Residing if not at place of death Princius, Anne Md.				
Married, Single or Widowed ✓	Name of Wife or Husband ✓				
Father's Name	✓	Father's Birthplace	Md.		
Mother's Maiden Name	✓	Mother's Birthplace	Del		
Name of person giving information	✓	How related to deceased	Father.		

CAUSES OF DEATH

120

How long

6 m

2 hrs

How long

Primary

Marasmus

Immediate

Collapse

Are the name, age, sex, color, date and place correctly given above?

✓

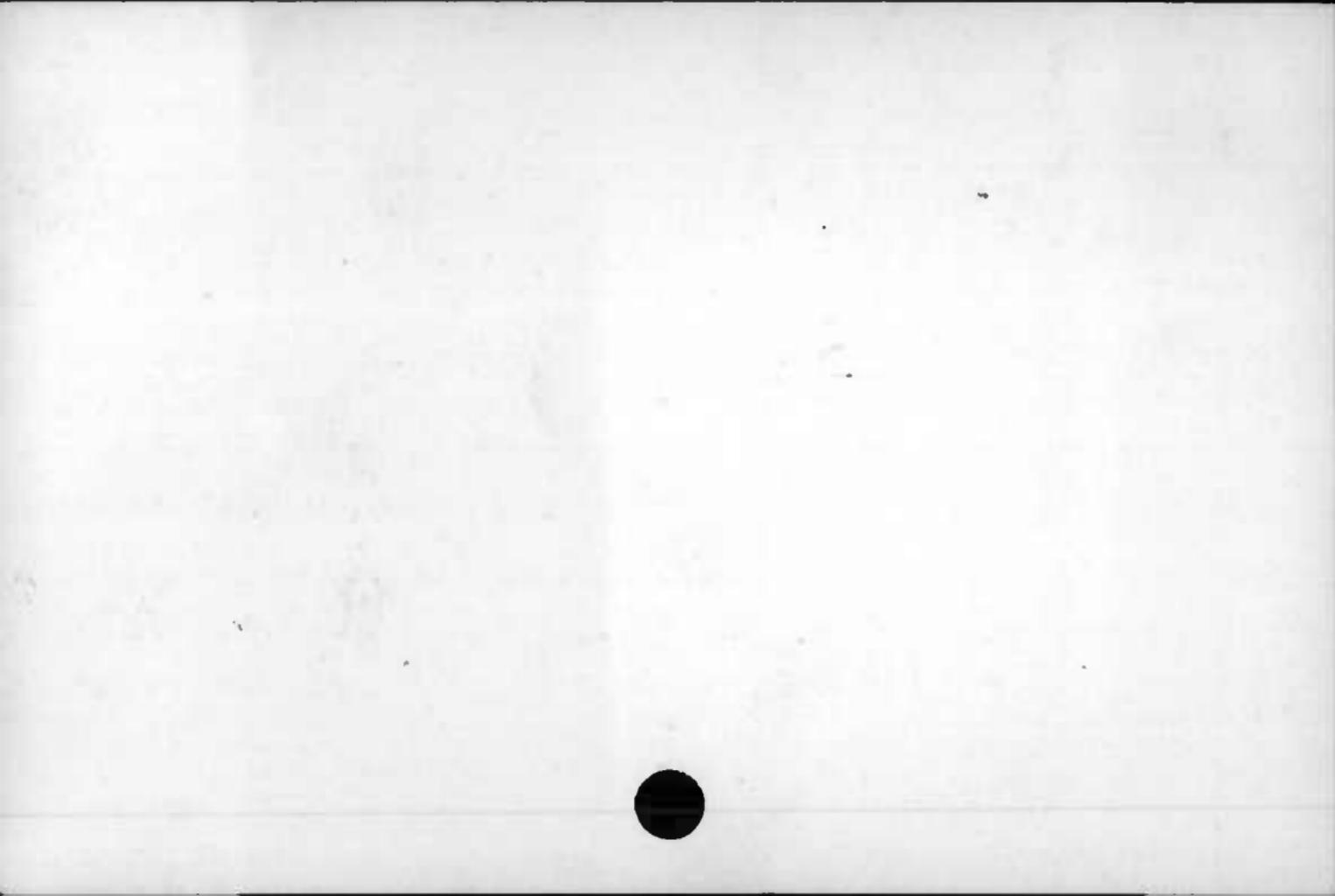
Signature of Physician

Address

J. M. Wilson
Paranthe City

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

J. D. Dryden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	male	Color or Race	white	Birth-place	Procstroke	
Occupation	Lumberman		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	J. D. Dryden		Father's Birthplace			
Mother's Maiden Name	Vaudia Willis		Mother's Birthplace			
Name of person giving information	Wm Dryden		How related to deceased			

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary

Telaeus
Collapse

How long

10 days

Immediate

collapse

How long

few hours

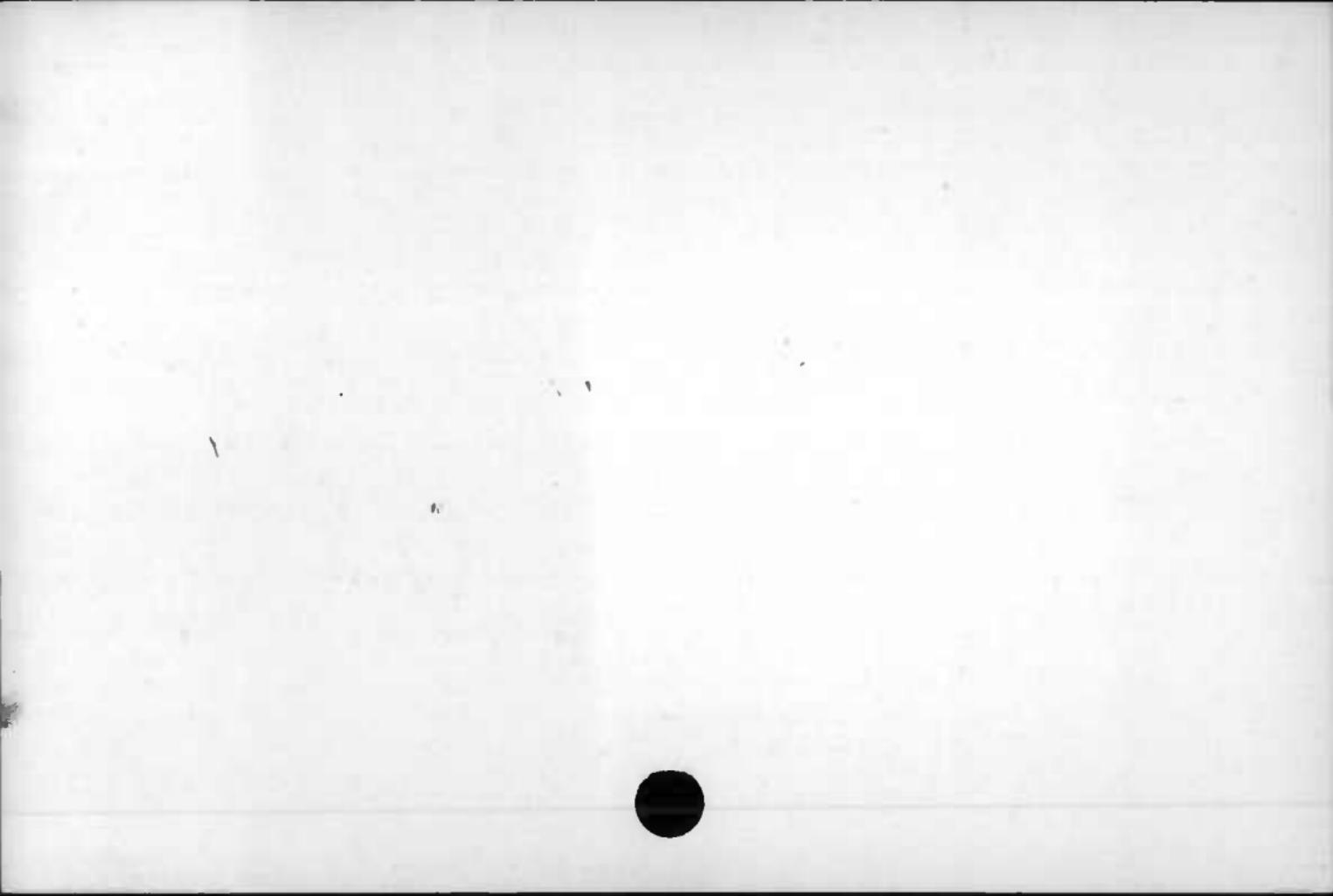
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. D. Willis
Procstroke

Accident or Suicide?



Name
in
Full

Edenia Farr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birthplace		
Occupation	School girl			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	✓			
Father's Name	Major Farr			Father's Birthplace	Arlington, Va	
Mother's Maiden Name	Minnie Watson			Mother's Birthplace	Worster, D	
Name of person giving information	Hampden Evans			How related to deceased	Father in law	

CAUSES OF DEATH

27

Primary	Culmonary tuberculosis	How long	8 months
Immediate	Exhaustion	How long	—

PHYSICIAN
OR CORONER

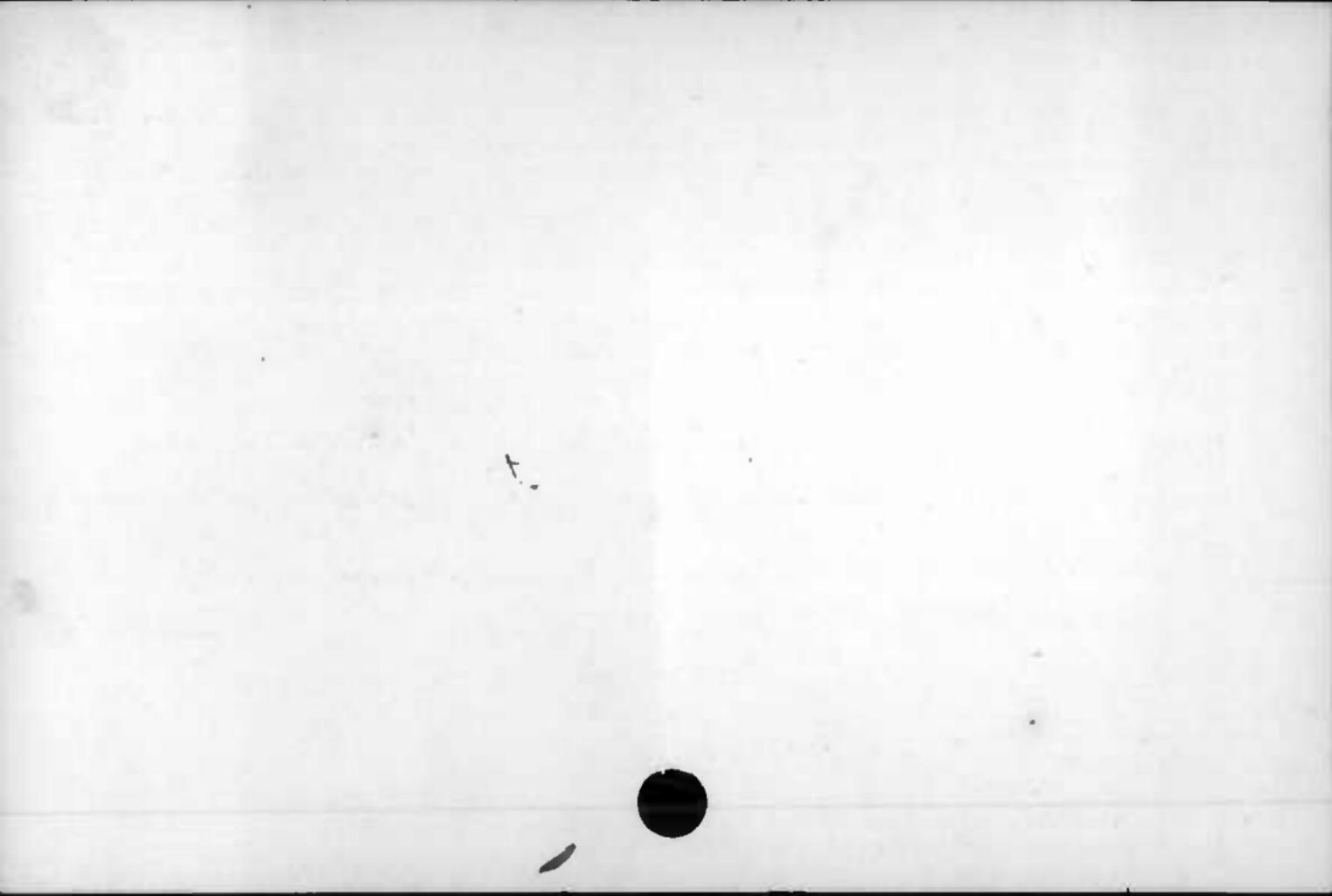
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Reckhae
Pocomoke City, Md.

Accident or Suicide?



Name
in
Full

Gordon Thomas Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at ^{Town} near Newark ^{County} Worcester

MARYLAND

Date of death 1907 Month 11 Day 17 Years 57 Months 2 Days 1

Sex male Color or Race Caucasian Birth-place Newark, Md.

Occupation Farmer Where Residing if not at place of death

Place of death.

Married, Single Name of Wife or Husband Single None

Father's Name James C. Griffin Father's Birthplace Wor. Co., Md.

Mother's Maiden Name Margaret M. Sommerville Mother's Birthplace Wor. Co., Md.

Name of person giving information Miss. Maggie Griffin How related to deceased Sister

CAUSES OF DEATH

27

Primary Tuberculosis

8 yrs.

Immediate Fee. debility Heart failure

5

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. D. Strong Jr.

Address

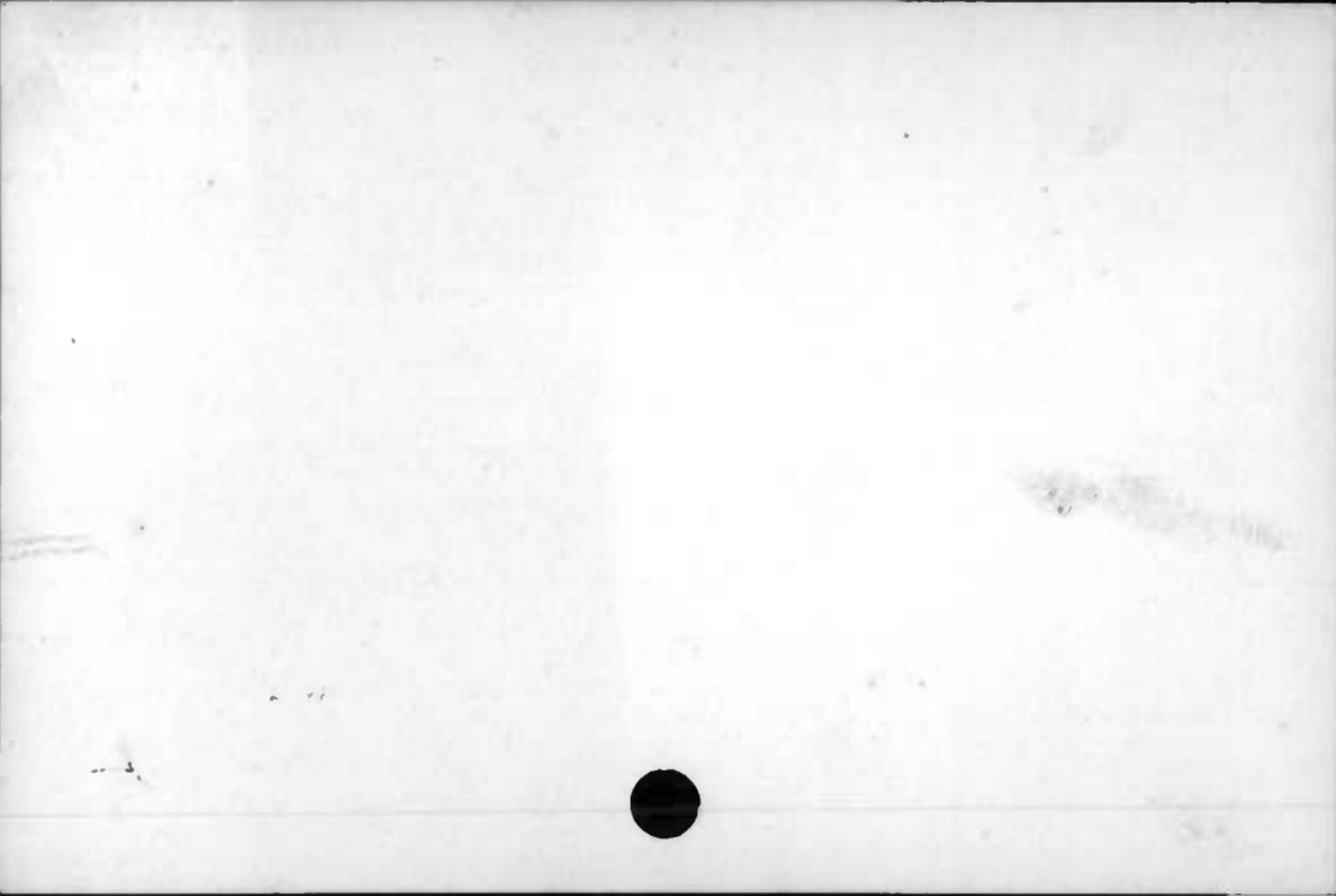
Snow Hill, Md.

PHYSICIAN
OR CORONER

J

Accident or Suicide?

neither



Name
in
Full

J. Lance Holloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Snow Hill</u>		Town	County <u>Worcester</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Gov.</u>	Day <u>1</u>	Years <u>16</u>	Age <u>16</u>	Months <u>1</u>	Days <u>20</u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>				
Occupation <u>Farming</u>	Where Residing if not at place of death <u>Ind</u>						
Married, Single or Widow <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Jamesbrough F. Holloway</u>			Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Emma Riley</u>			Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>J. F. Holloway</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

(50)

PHYSICIAN
OR CORONER

Primary

Diarrhoea

How long

2 months

Immediate

Heart Failure debility

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

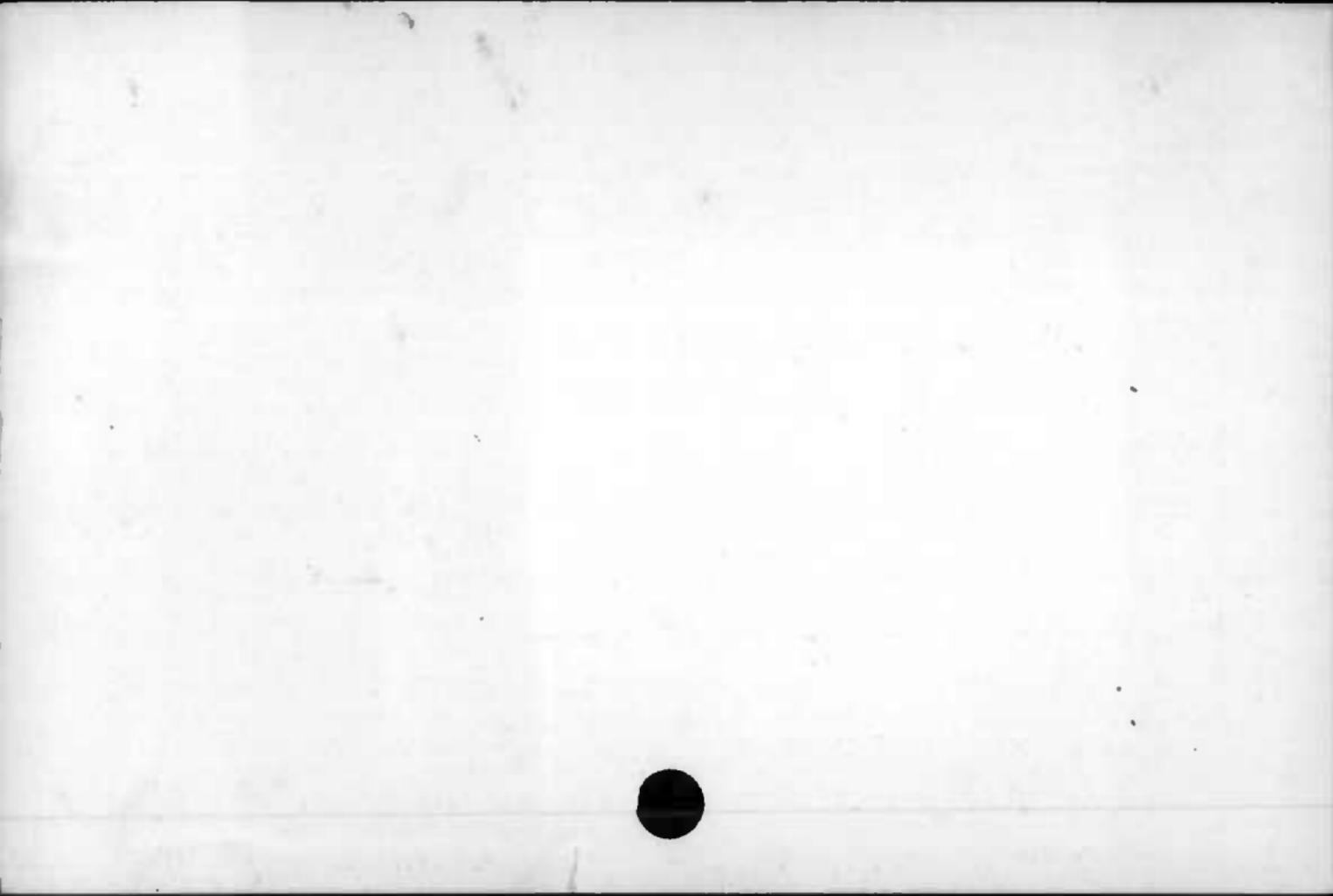
Signature of Physician

Address

Gardiner Spring M.D.
Salisbury
Ind.

Accident or Suicide?

No



Name
in
Full

William H. Foster

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
	Parsonsburg City	Monroe			
Date of death	Month	Day	Years	Months	Days
1907	11	8	75		
Sex	Color or Race	Age	Birth-place		
male	white	75	Del		
Occupation	Where Residing if not at place of death				
Farmer	Delaware				
Married, Single or Widowed	Name of Wife or Husband	Unknown			
Widowed					
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Chris S. Bonymill				
	Son in law				

CAUSES OF DEATH

91

How long

5 yrs

How long

10 min

PHYSICIAN
OR CORONER

Primary

Seizile Brachiatitis

Immediate

Sudden Collapse

Are the name, age, sex, color, date
and place correctly given above?

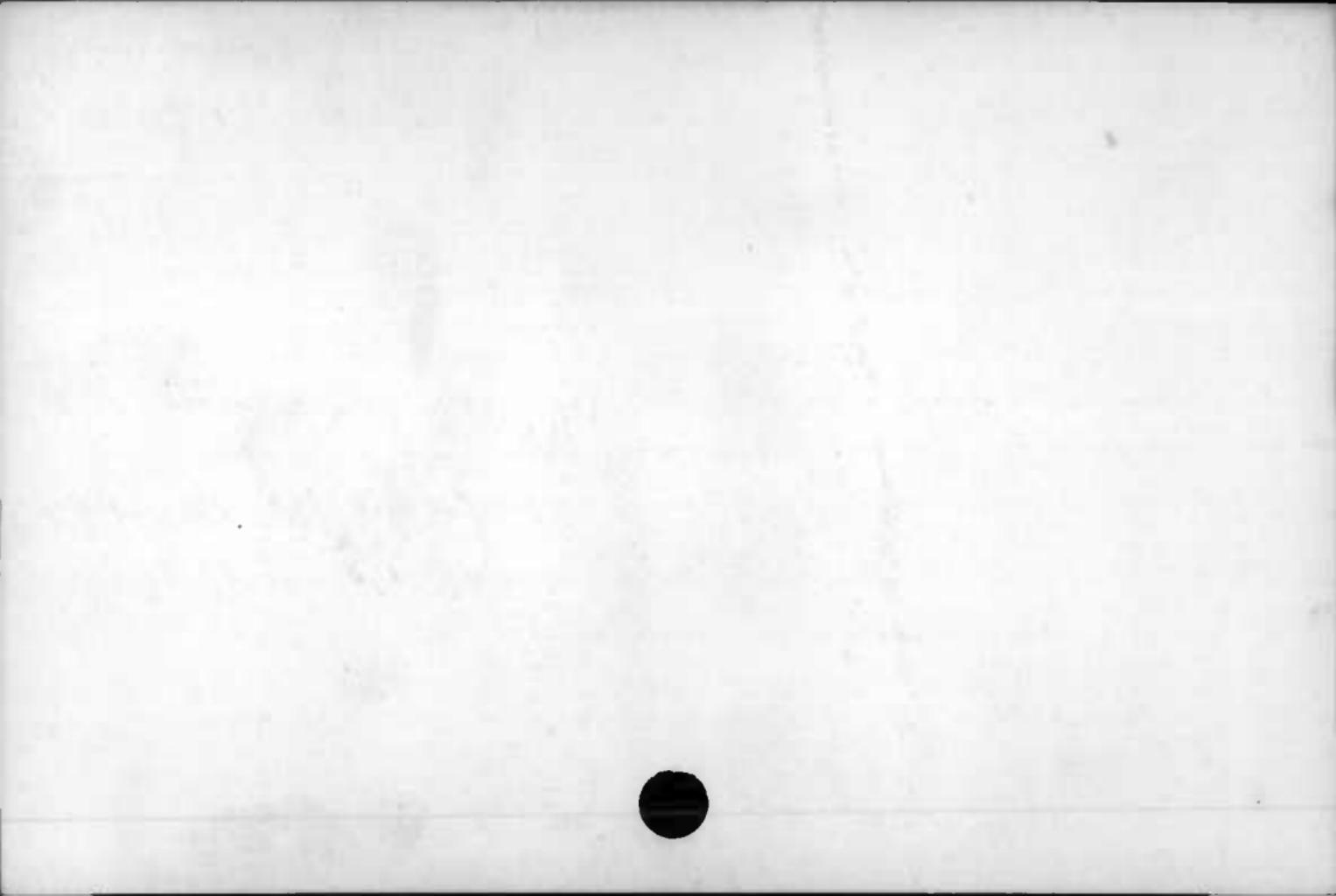
yes

Signature of
Physician

Address

J. Wilson
Parsonsburg City

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sallie Matthews

Town

Patomahcats

County

Morrister

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Nov

Day

14

Years

75

Months

Days

Date
of death

1907

Age

Sex

Female

Color or
Race

colored

Birth-
place

Accomac Co Va

Occupation

Domestic

Where Residing if not
at place of death

Patomahcats

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Mo Matthews

Father's
Name

Solomon Wharton

Father's
Birthplace

Accomac Co

Mother's
Maiden Name

Ebbie Wharton

Mother's
Birthplace

" "

Name of person giving
Information

Gas Wharton

How related
to deceased

Son

CAUSES OF DEATH

104

Primary

Indigestion

How long

2 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

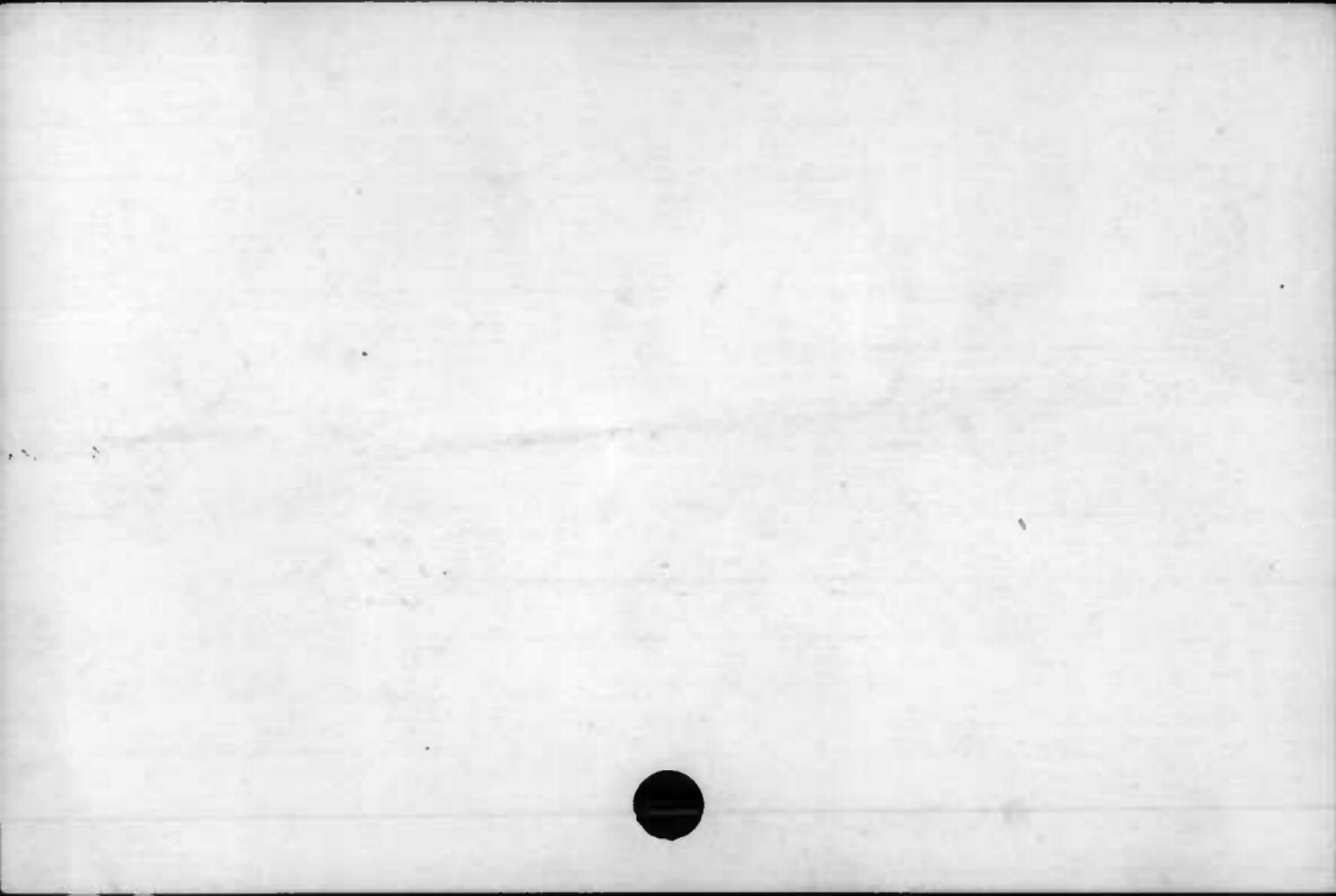
Yes

Signature of
Physician

Address

Saul J. Lunn
Patomahcats Md

Accident or Suicide?



Name
in
Full

Unnamed. boy multives

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	11	26	Age		3 hours	
Sex	male	Color or Race	Colored	Birth-place	and	
Occupation	None.	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Ben. Battives		Father's Birthplace	Md.		
Mother's Maiden Name	Mary Collins		Mother's Birthplace	Md.		
Name of person giving information	Bath Battives		How related to deceased	Fatties		

CAUSES OF DEATH

157

How long

Primary

Probably Promature Labor

Immediate

General Multives

How long

3 hours

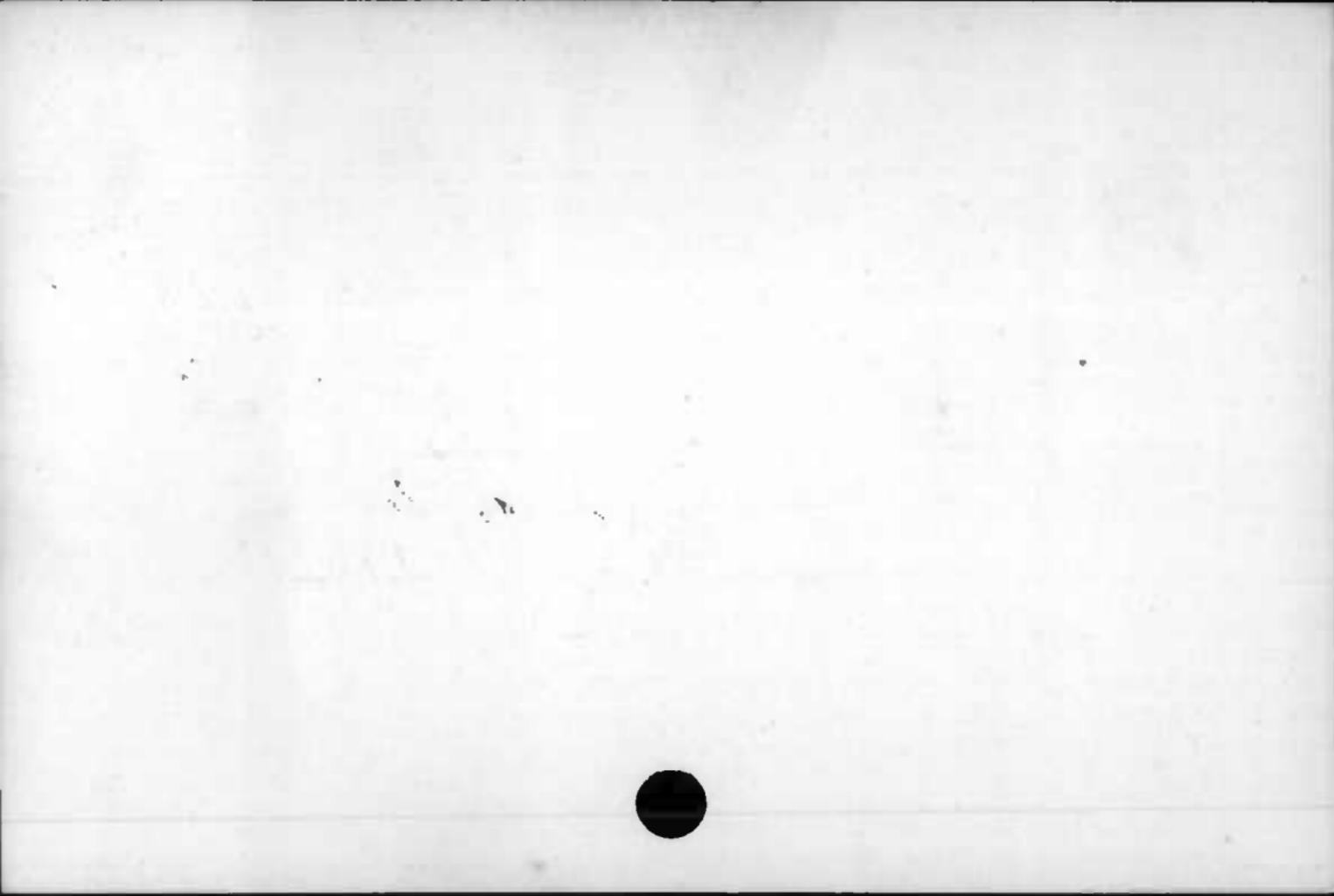
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Genwillis

Address

Accident or Suicide?



Name
in
Full

Susan L. Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>St. Lukes</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		<u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>26th</u>	Years <u>67</u>	Months <u>2</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Worcester Co. Md.</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Elijah Bridgell</u>	Father's Birthplace <u>Worcester Co. Md.</u>			
Mother's Maiden Name <u>Mariah Zonitt</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving Information <u>James T. Owens</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

93

Primary <u>Pneumonia & Nephritis</u>	How long <u>5 or 6 days</u>
Immediate <u>Decrass of lungs</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Louis C. Deom, M.D.</u> Address <u>Salisbury, Md.</u>
Accident or Suicide? <u>No</u>	



Arnold Snack
Kean Bedeau

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death 1907	Month Mr	Day 16	Age 26	Years	Months	Days
Sex Male	Color or Race Blk	Birth-place Md				
Occupation Farmer	Where Residing if not at place of death Kean Bedeau					
Married, Single or Widowed	Name of Wife or Husband Lizzie Masse	Father's Birthplace Md				
Father's Name Kean Snack	Mother's Birthplace					
Mother's Maiden Name Masse	How related to deceased					
Name of person giving information Syd Jones						

CAUSES OF DEATH

1

How long

3 weeks

Primary

Typhoid fever

Immediate

Reynolds Bone

How long

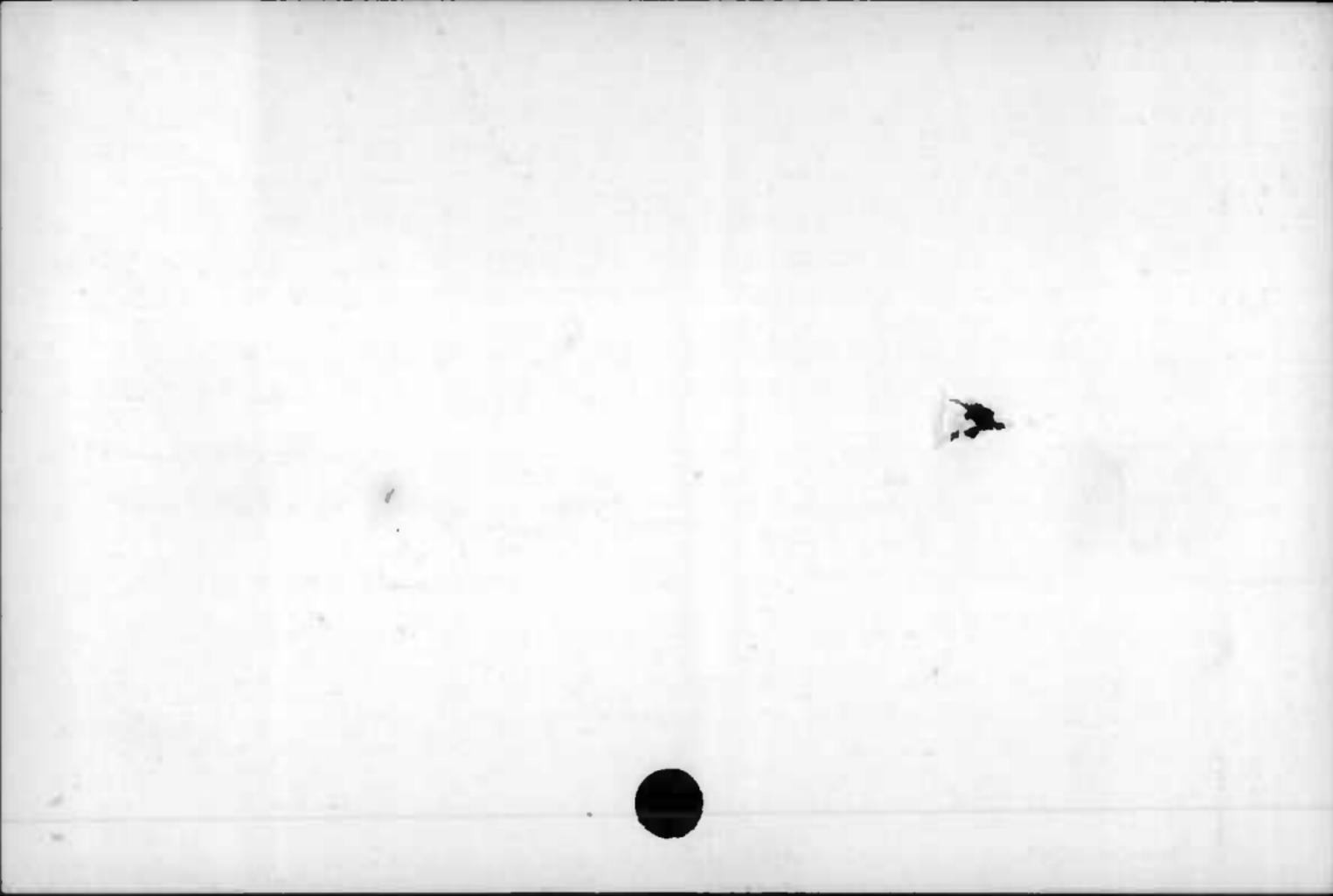
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
E. Holland

Address

Kean Bedeau

Accident or Suicide



Name
in
Full

Jennie Warren

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Berlin		Town	County		MARYLAND	
Date of death 1907	Month None	Day 14	Years 7	Age	Months 11	Days
Sex Female	Color or Race	Black		Birth-place	Maryland	
Occupation			Where Residing if not at place of death			

Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace
Isaac Warren		Maryland
Mother's Maiden Name	Josephine Farnell	Mother's Birthplace
Name of person giving information	Isaac Warren	How related to deceased

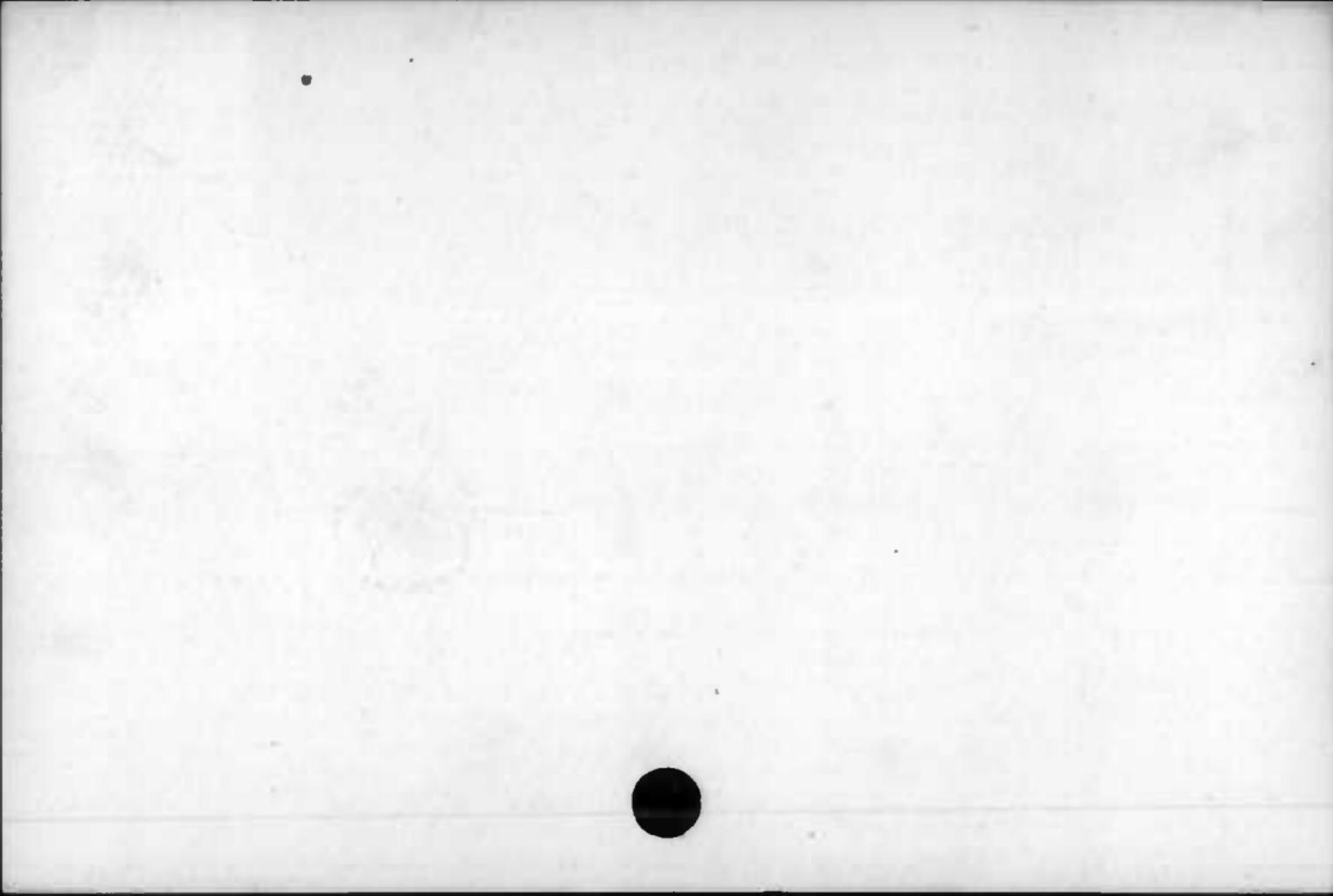
CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	



Name
in
Full

John Whallton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Nov	Day 27	Years 50	Months	Days	
Sex	Male	Color or Race	colonial		Birth-place	Worchester co	
Occupation	Laborer		Where Residing if not at place of death		Worchester co Pawtucket city		
Married, Single or Widowed	Maided	Name of Wife or Husband	Emma Mills		Father's Birthplace	Worchester co	
Father's Name	Michael Whallton				Mother's Birthplace	cc'	
Mother's Maiden Name	Caroline Caston				How related to deceased	Nephew	
Name of person giving information	John Whallton						

CAUSES OF DEATH

79

How long

4 months

How long

Primary

Valvular Heart Disease

Immediate

embolism

Are the name, age, sex, color, date and place correctly given above?

Yes

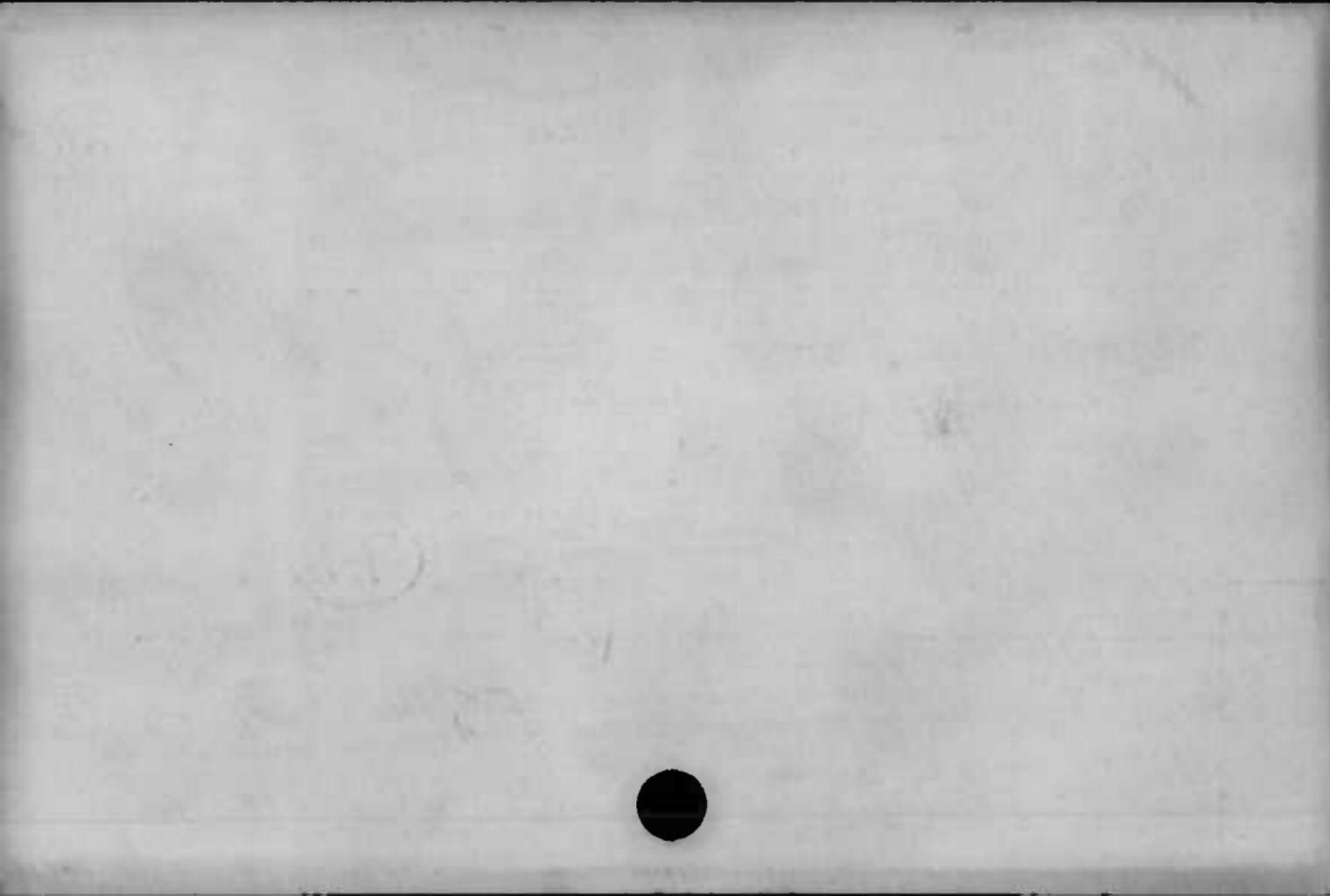
Signature of Physician

Address

Samuel S. Quinn
Pawtucket, R. I.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Annie C. Whaley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Age	69	7 9	
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Peter Whaley				
Father's Name	John J. Whaley		Father's Birthplace	Md			
Mother's Maiden Name	Anna J. Whaley		Mother's Birthplace	Md			
Name of person giving information	John Whaley		How related to deceased	Son			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Heart Failure

20 Minutes

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

R. P. Collier

Bishop'sville

Sec

Accident or Suicide?

